

COMBINATION DECLARATION AND POWER OF
(Continuation or CIP Application)

(NEY)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR INHIBITING REJECTION OF TRANSPLANTED TISSUE the specification of which

X is attached hereto.

_____ was filed on _____ as Application

Serial No. _____ and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

_____ (Number)	_____ (Country)	_____ (Date/Month/Year Filed)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Date/Month/Year Filed)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Date/Month/Year Filed)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>07/575,150</u> (Application Serial No.)	<u>AUGUST 30, 1990</u> (Filing Date)	<u>PENDING</u> (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **PAUL T. CLARK, REG. NO. 30,162.**

Address all telephone calls to **PAUL T. CLARK** at telephone no. (617) 542-5070.

Address all correspondence to **Fish & Richardson**, 225 Franklin Street, Boston, MA 02110-2804.

METHODS FOR INHIBITING REJECTION OF TRANSPLANTED TISSUE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: THE GENERAL HOSPITAL CORPORATION

ADDRESS OF ORGANIZATION: BOSTON, MASSACHUSETTS

- TYPE OR ORGANIZATION:
- UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
 - TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
 - NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE:)
(CITATION OF STATUTE:)
 - WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
 - WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE:)
(CITATION OF STATUTE:)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled **METHODS FOR INHIBITING REJECTION OF TRANSPLANTED TISSUE** by inventors **DENISE FAUSTMAN** described in

- the specification filed herewith.
- application serial no. , filed
- patent no. , issued .

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME: _____

ADDRESS: _____

- INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: **CHARLES F. MURPHY**
 TITLE IN ORGANIZATION: **DIRECTOR, OFFICE OF TECHNOLOGY AFFAIRS**
 ADDRESS OF PERSON SIGNING: **MASSACHUSETTS GENERAL HOSPITAL**
CHARLESTOWN, MA 02129

SIGNATURE:  DATE: 3/18/91